

APPLICATION DATA SHEET

Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: 3-(CYCLOPENTEN-1-YL)-BENZYL- OR 3-
(CYCLOPENTEN-1-YL)-HETEROARYLMETHYL-
AMINE DERIVATIVES AND USE THEREOF AS
MEDICINES FOR TREATING SCHIZOPHRENIA

Attorney Docket Number:: 017753-206

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: France

Status:: Full Capacity

Given Name:: 1-00 Bernard

Middle Name::

Family Name:: VACHER

Name Suffix::

City of Residence:: Castres FRX

State or Province of Residence::

Country of Residence:: France

Street of Mailing Address:: 5, rue des Cigales

City of Mailing Address:: Castres

State or Province of Mailing Address::

Country of Mailing Address:: France


Postal or Zip Code of Mailing Address:: F-81100

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: France

Status:: Full Capacity

Given Name::  Stéphane

Middle Name::

Family Name:: CUISIAT

Name Suffix::

City of Residence:: Castres 

State or Province of Residence::

Country of Residence:: France

Street of Mailing Address:: 13, rue du Pasteur Henri Bosc, Lotissement les Carlines

City of Mailing Address:: Castres

State or Province of Mailing Address::

Country of Mailing Address:: France

Postal or Zip Code of Mailing Address:: F-81100

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: The Netherlands

Status:: Full Capacity

Given Name:: 3-0 Wouter

Middle Name::

Family Name:: KOEK

Name Suffix::

City of Residence:: San Antonio

State or Province of Residence:: Texas TX

Country of Residence:: US

Street of Mailing Address:: 228 Fleetwood Drive

City of Mailing Address:: San Antonio

State or Province of Mailing Address:: Texas

Country of Mailing Address:: US

Postal or Zip Code of Mailing Address:: 78232

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Belgium

Status:: Full Capacity

Given Name:: Francis

Middle Name::

Family Name:: COLPAERT

Name Suffix::

City of Residence:: Puylaurens

State or Province of Residence::

Country of Residence:: France

Street of Mailing Address:: Domaine de Mirabel

City of Mailing Address:: Puylaurens

State or Province of Mailing Address::

Country of Mailing Address:: France

Postal or Zip Code of Mailing Address:: F-81700

Correspondence Information

Correspondence Customer Number:: 21839

Phone Number:: (703) 836-6620

Fax Number: (703) 836-2021

Representative Information

Representative Customer Number:: 21839

Domestic Priority Information

Application:: **Continuity Type::** **Parent Application::** **Parent Filing**
Date::

This Application National Stage of PCT/FR2003/003053 10/16/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
France	02/12854	10/16/02	Yes

Assignee Information

Assignee Name:: PIERRE FABRE MEDICAMENT

Street of Mailing Address:: 45, place Abel-Gance

City of Mailing Address:: Boulogne-Billancourt

**State or Province of Mailing
Address::**

Country of Mailing Address:: France

**Postal or Zip Code of Mailing
Address::** F-92100